

SAFETY CHECKLIST -WORK AT HOME PROGRAM EMPLOYEE CERTIFICATION

NAME: _____

IC: _____ BUILDING & ROOM NUMBER: _____ PHONE # _____

The following checklist is designed to assess the overall safety of the alternative worksite. Each participant should read and complete the self certification safety checklist.

Upon completion, the checklist should be signed and dated by the participating employee and immediate supervisor and attached to the Flexible Workplace Program Agreement.

The alternative worksite is _____.

Describe the designated work area _____.

- | | | |
|-----|---|--------------------|
| 1. | Is the space free of asbestos containing materials? | Yes _____ No _____ |
| 2. | If asbestos containing material is present, is it undamaged and in good condition (only check if applicable)? | Yes _____ No _____ |
| 3. | Is the space free of indoor air quality problems? | Yes _____ No _____ |
| 4. | Is the space free of noise hazards (in excess of 85 decibels)? | Yes _____ No _____ |
| 5. | Is there a drinkable water supply? | Yes _____ No _____ |
| 6. | Is adequate ventilation present for the desired occupancy? | Yes _____ No _____ |
| 7. | Are lavatories available with hot and cold running water? | Yes _____ No _____ |
| 8. | Are all stairs with 4 or more steps equipped with handrails? | Yes _____ No _____ |
| 9. | Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service? | Yes _____ No _____ |
| 10. | Do circuit breakers clearly indicate if they are in the open or closed position? | Yes _____ No _____ |
| 11. | Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires fixed to the ceiling)? | Yes _____ No _____ |
| 12. | Will the building's electrical system permit the grounding of electrical equipment? | Yes _____ No _____ |
| 13. | Are aisles, doorways, and corners free of obstructions to permit visibility and movement? | Yes _____ No _____ |
| 14. | Are file cabinets and storage closets arranged so drawers and doors do not open into walkways? | Yes _____ No _____ |
| 15. | Do chairs have any loose casters (wheels)? | Yes _____ No _____ |
| 16. | Are the rungs and legs of chairs sturdy? | Yes _____ No _____ |
| 17. | Is the office overly furnished? | Yes _____ No _____ |
| 18. | Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard? | Yes _____ No _____ |
| 19. | Is the office space neat, clean and free of excessive amounts of combustibles? | Yes _____ No _____ |
| 20. | Are floor surfaces clean, dry, level, and free of work or frayed seams? | Yes _____ No _____ |
| 21. | Are carpets well secured to the floor, and free of frayed or worn seams? | Yes _____ No _____ |

Employee signature_____
Date_____
Immediate supervisor's signature (indicating review of employee's self-certification)_____
Date

SPECIAL NOTE: SUPERVISORS ARE ENCOURAGED TO CONDUCT AN ON SITE INSPECTION FOR AN EMPLOYEE CHECKING, FIVE OR MORE "No" ANSWERS. EMPLOYEES ARE RESPONSIBLE FOR INFORMING THEIR SUPERVISOR OF ANY SIGNIFICANT CHANGE.